#### **PHA Plans**

## U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB No. 2577-0226 (exp 05/31/2006)

Streamlined 5-Year/Annual Version

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief to certain PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

Streamlined 5-Year Plan for Fiscal Years 2005 - 2009 Streamlined Annual Plan for Fiscal Year 2005

NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue. Full reporting for each component listed in the streamlined Annual Plan submitted with the 5-year plan is required.

#### Streamlined Five-Year PHA Plan Agency Identification

PHA Name: Housing Authority of the City of Nixon PHA Number: TX175								
PHA Fiscal Year Beginning	g: April	, 2005						
PHA Programs Administer  Public Housing and Section 8  Number of public housing units:  Number of S8 units:  PHA Consortia: (check be	8 Se Numbe	r of S8 units: Numbe	ablic Housing Onler of public housing units	:				
Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program				
Participating PHA 1:								
Participating PHA 2: Participating PHA 3:								
Public Access to Information Information regarding any action (select all that apply)  Main administrative office PHA development manage PHA local offices	vities out e of the Pl	НА	be obtained by co	ontacting:				
Display Locations For PHA The PHA Plans and attachments (apply)  Main administrative office PHA development manage PHA local offices Main administrative office Main administrative office Public library PHA website Other (list below)	(if any) are e of the Plement off the location of the Core of the	e available for public i HA ices cal government ounty government		t all that				
PHA Plan Supporting Documents  Main business office of the		able for inspection at:	(select all that appl	y)				

PHA Na: HA Code	
	PHA development management offices Other (list below)
	Streamlined Five-Year PHA Plan
	PHA FISCAL YEARS 2005 - 2009 [24 CFR Part 903.12]
A. N	lission
	e PHA's mission for serving the needs of low-income, very low income, and extremely low-income families HA's jurisdiction. (select one of the choices below)
	The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
	The PHA's mission is: (state mission here)
in recei	ls and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized t legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or es. Whether selecting the HUD-suggested objectives or their own, PHAs ARE STRONGLY URAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR
OBJE onumber	TIVES OVER THE COURSE OF THE 5 YEARS. (Quantifiable measures would include targets such as: s of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the or below the stated objectives.
HUD	Strategic Goal: Increase the availability of decent, safe, and affordable housing.
	PHA Goal: Expand the supply of assisted housing Objectives:
	Apply for additional rental vouchers:
	Reduce public housing vacancies:
	Leverage private or other public funds to create additional housing opportunities:  Acquire or build units or developments
	Other (list below)
$\boxtimes$	PHA Goal: Improve the quality of assisted housing
	Objectives:
	Improve public housing management: (PHAS score) Improve voucher management: (SEMAP score)
	Increase customer satisfaction:
	Concentrate on efforts to improve specific management functions:
	(list; e.g., public housing finance; voucher unit inspections)
	Renovate or modernize public housing units:
	Demolish or dispose of obsolete public housing:
	Provide replacement public housing:
	Provide replacement vouchers:

PHA Name:

Annual Plan for FY 20\_\_\_

Undertake affirmative measures to ensure access to assisted housing regardless of
race, color, religion national origin, sex, familial status, and disability:
Undertake affirmative measures to provide a suitable living environment for
families living in assisted housing, regardless of race, color, religion national
origin, sex, familial status, and disability:
Undertake affirmative measures to ensure accessible housing to persons with all
varieties of disabilities regardless of unit size required:

#### Other PHA Goals and Objectives: (list below)

Other: (list below)

PHA Name:

 $\boxtimes$ 

HA Code:

The Housing Authority of the City of Nixon will continue its objective to provide decent, safe and affordable housing for all families, including the elderly and disabled. We are striving to update all of the units and to improve the overall appearance of the development and encourage equal opportunities for all residents.

Annual Plan for FY 20\_\_

#### **Streamlined Annual PHA Plan**

#### PHA Fiscal Year 2005

[24 CFR Part 903.12(b)]

#### **Table of Contents**

Provide the following table of contents for the streamlined Annual Plan submitted with the Five-Year Plan, including all streamlined plan components, and additional requirements, together with the list of supporting documents available for public inspection.

#### A. ANNUAL STREAMLINED PHA PLAN COMPONENTS

- 1. Housing Needs
- 2. Financial Resources
- 3. Policies on Eligibility, Selection and Admissions
- 4. Rent Determination Policies
- 5. Capital Improvements Needs
- 6. Demolition and Disposition
- 7. Homeownership
- 8. Civil Rights Certifications (included with PHA Certifications of Compliance)
- 9. Additional Information
  - a. PHA Progress on Meeting 5-Year Mission and Goals
  - b. Criteria for Substantial Deviations and Significant Amendments
  - c. Other Information Requested by HUD
    - i. Resident Advisory Board Membership and Consultation Process
    - ii. Resident Membership on the PHA Governing Board
    - iii. PHA Statement of Consistency with Consolidated Plan
    - iv. (Reserved)
- 10. Project-Based Voucher Program
- 11. Supporting Documents Available for Review
- 12. FY 20\_\_ Capital Fund Program and Capital Fund Program
  Replacement Housing Factor, Annual Statement/Performance
  and Evaluation Report
- 13. Capital Fund Program 5-Year Action Plan
- 14. (CFP/CFPRHF) 2003

(CFP/CFPRHF) 2002

(CFP/CFPRHF) 2001

(CFP/CFPRHF) 2004

#### B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

Form HUD-50077, <u>PHA Certifications of Compliance with the PHA Plans and Related</u>
<u>Regulations: Board Resolution to Accompany the Standard Annual, Standard Five-Year, and</u>
Streamlined Five-Year/Annual Plans;

<u>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</u>
For PHAs APPLYING FOR CAPITAL FUND PROGRAM (CFP) GRANTS:

**Form HUD-50070**, *Certification for a Drug-Free Workplace*;

#### Form HUD-50071, <u>Certification of Payments to Influence Federal Transactions</u>; Form SF-LLL & SF-LLLa, Disclosure of Lobbying Activities.

#### **Executive Summary (optional)**

[903.7(r)]. If desired, provide a brief overview of the contents of the streamlined 5-Year/Annual Plan.

#### 1. Statement of Housing Needs [24 CFR Part 903.12 (b), 903.7(a)]

### A. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. Complete one table for each type of PHA-wide waiting list administered by the PHA. PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the PHA's Waiting Lists							
Waiting list type: (select one)  Section 8 tenant-based assistance  Public Housing  Combined Section 8 and Public Housing  Public Housing Site-Based or sub-jurisdictional waiting list (optional)  If used, identify which development/subjurisdiction:							
	# of families	% of total families	Annual Turnover				
Waiting list total	42						
Extremely low income <=30% AMI	33	78%					
Very low income (>30% but <=50% AMI)	5	12%					
Low income (>50% but <80% AMI)	4	10%					
Families with children	32	76%					
Elderly families	2	12%					
Families with Disabilities	2	12%					
Race/ethnicity Hispanic	25	60%					
Race/ethnicity Caucasian	13	30%					
Race/ethnicity Black	4	10%					
Race/ethnicity							
Characteristics by Bedroom Size (Public Housing Only)							
1BR	9	22%					
2 BR	14	33%					
3 BR	19	45%					
4 BR							
5 BR							
5+ BR							

Housing Needs of Families or	the PHA's Waiting Lists
Is the waiting list closed (select one)? No Yes	
If yes:	
How long has it been closed (# of months)?  Does the PHA expect to reopen the list in the P	HA Plan year? ☐ No ☐ Yes
	nilies onto the waiting list, even if generally closed?
☐ No ☐ Yes	
B. Strategy for Addressing Needs	dressing the housing needs of families on the PHA's public
housing and Section 8 waiting lists IN THE UPCOMIN	
strategy.	
(1) Strategies	
Need: Shortage of affordable housing for al	l eligible populations that meet HQ Standards
	II
Strategy 1. Maximize the number of affords	able units available to the PHA within its
current resources by: Select all that apply	
Solect an anat appry	
Employ effective maintenance and mar	agement policies to minimize the number of
public housing units off-line	
Reduce turnover time for vacated public	c housing units
Reduce turnover time for vacated public Reduce time to renovate public housing Seek replacement of public housing units and the seek replacement of the	
	its lost to the inventory through mixed finance
development	
	its lost to the inventory through section 8
replacement housing resources	
	rates by establishing payment standards that will
enable families to rent throughout the ju	
the PHA, regardless of unit size require	affordable housing among families assisted by
	rates by marketing the program to owners,
particularly those outside of areas of m	•
•	rates by effectively screening Section 8 applicants
to increase owner acceptance of progra	· · · · · · · · · · · · · · · · · · ·
Participate in the Consolidated Plan de	velopment process to ensure coordination with
broader community strategies	
Other (list below)	
Clark 2 I am all a control of the co	(1.1
Strategy 2: Increase the number of affordal Select all that apply	ble nousing units by:
select air that appry	
Apply for additional section 8 units sho	ould they become available
	in the community through the creation of mixed -
finance housing	
Pursue housing resources other than pu	blic housing or Section 8 tenant-based

PHA Nam HA Code:	
	Other: (list below)
Need:	Specific Family Types: Races or ethnicities with disproportionate housing needs
	gy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:
Select if	applicable
	Affirmatively market to races/ethnicities shown to have disproportionate housing needs Other: (list below)
Strate	gy 2: Conduct activities to affirmatively further fair housing
	Il that apply
	Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units  Market the section 8 program to owners outside of areas of poverty /minority
	concentrations Other: (list below)
Other	Housing Needs & Strategies: (list needs and strategies below)
	easons for Selecting Strategies factors listed below, select all that influenced the PHA's selection of the strategies it will:
	Funding constraints Staffing constraints Limited availability of sites for assisted housing
	Extent to which particular housing needs are met by other organizations in the community Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
	Influence of the housing market on PHA programs Community priorities regarding housing assistance Results of consultation with local or state government
	Results of consultation with residents and the Resident Advisory Board Results of consultation with advocacy groups Other: (list below)
ш	other. (list octow)

### **2.** Statement of Financial Resources [24 CFR Part 903.12 (b), 903.7 (c)]

List on the following table the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

Financial Resources: Planned Sources and Uses						
Sources Planned \$ Planned Uses						
1. Federal Grants (FY 2005 grants)						
a) Public Housing Operating Fund	\$67555.00					
b) Public Housing Capital Fund	57,882.00					
c) HOPE VI Revitalization						
d) HOPE VI Demolition						
e) Annual Contributions for Section 8 Tenant- Based Assistance	40,213.00					
f) Resident Opportunity and Self-Sufficiency Grants						
g) Community Development Block Grant						
h) HOME						
Other Federal Grants (list below)						
2. Prior Year Federal Grants (unobligated funds only) (list below)						
3. Public Housing Dwelling Rental Income	\$43,000.00	Operating Reserves				

Financial Resources: Planned Sources and Uses					
Sources	Planned \$	Planned Uses			
<b>4. Other income</b> (list below)					
Cash Dividend-Interest	\$977.34	Operating Reserves			
<b>4. Non-federal sources</b> (list below)					
Total resources					
		<u> </u>			

### 3. PHA Policies Governing Eligibility, Selection, and Admissions [24 CFR Part 903.12 (b), 903.7 (b)]

#### A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

#### (1) Eligibility

a. Wh	en does the PHA verify eligibility for admission to public housing? (select all that apply)
$\boxtimes$	When families are within a certain number of being offered a unit: (state number)
	When families are within a certain time of being offered a unit: (state time)
$\boxtimes$	Other: When unit is available
b. Wh	ich non-income (screening) factors does the PHA use to establish eligibility for admission
to p	bublic housing (select all that apply)?
	Criminal or Drug-related activity
	Rental history
$\boxtimes$	Housekeeping
	Other (describe)
c. 🔲	Yes No: Does the PHA request criminal records from local law enforcement agencies
	for screening purposes?
d. 🛛	Yes No: Does the PHA request criminal records from State law enforcement agencies
	for screening purposes?
e. 🔲	Yes No: Does the PHA access FBI criminal records from the FBI for screening
	purposes? (either directly or through an NCIC-authorized source)

#### (2)Waiting List Organization

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

PHA Name: HA Code:	5-Year Plan for Fiscal Years: 20 20	Annual Plan for FY 20
Community-wide list Sub-jurisdictional lists Site-based waiting lists Other (describe)		
b. Where may interested person  PHA main administrative  PHA development site in  Other (list below)		ousing?
c. Site-Based Waiting Lists-Pr	revious Year	
Has the PHA operated complete the following	one or more site-based waiting list g table; if not skip to d.	ts in the previous year? If yes,
	Site-Based Waiting Lists	

Site-Based Waiting Lists						
Development Information: (Name, number, location)		Initial mix of Racial, Ethnic or Disability Demographics	Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL	Percent change between initial and current mix of Racial, Ethnic, or Disability demographics		

2.	What is the	number o	of site bas	sed waitin	g list	development	s to v	which	families	may	apply
at	one time?										

3.	How many	unit offers	may an ap	plicant turn	down	before	being 1	removed	from	the site-
bas	ed waiting	list?								

4. Yes No: Is the PHA the subject of any pending fair housing complaint by HUD
or any court order or settlement agreement? If yes, describe the order, agreement or
complaint and describe how use of a site-based waiting list will not violate or be inconsistent
with the order, agreement or complaint below:

 $d. \quad Site-Based \ Waiting \ Lists-Coming \ Year$ 

If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection (3) Assignment

1. How many site-based waiting lists will the PHA operate in the coming year?
2. Yes No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  If yes, how many lists?
3. Yes No: May families be on more than one list simultaneously If yes, how many lists?
<ul> <li>4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?</li> <li>PHA main administrative office</li> <li>All PHA development management offices</li> <li>Management offices at developments with site-based waiting lists</li> <li>At the development to which they would like to apply</li> <li>Other (list below)</li> </ul> (3) Assignment
<ul> <li>a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)</li> <li>One</li> <li>Two</li> <li>Three or More</li> </ul>
b. Xes No: Is this policy consistent across all waiting list types?
c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:
(4) Admissions Preferences
<ul> <li>a. Income targeting:</li> <li>☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?</li> </ul>
<ul> <li>b. Transfer policies:</li> <li>In what circumstances will transfers take precedence over new admissions? (list below)</li> <li>Emergencies</li> <li>Over-housed</li> <li>Under-housed</li> </ul>

PHA Nam HA Code:		0 20	Annual Plan for FY 20
	Medical justification Administrative reasons determined by the PH. Resident choice: (state circumstances below) Other: (list below)	A (e.g., to permit mo	dernization work)
	references  Yes No: Has the PHA established prefer (other than date and time of approximately subsection (5) Occupancy)		
	Thich of the following admission preferences do ear? (select all that apply from either former Fed	-	
Former	er Federal preferences: Involuntary Displacement (Disaster, Governm Owner, Inaccessibility, Property Disposition) Victims of domestic violence Substandard housing Homelessness High rent burden (rent is > 50 percent of incom		of Housing
Other 1	preferences: (select below) Working families and those unable to work be Veterans and veterans' families Residents who live and/or work in the jurisdic Those enrolled currently in educational, training Households that contribute to meeting income Households that contribute to meeting income Those previously enrolled in educational, train Victims of reprisals or hate crimes Other preference(s) (list below)	ction ng, or upward mobili e goals (broad range of e requirements (target	ity programs of incomes) ting)
that rep If you a through	the PHA will employ admissions preferences, plepresents your first priority, a "2" in the box represents your first priority your first	resenting your second ces (either through ar	d priority, and so on.  absolute hierarchy or
1 Dat	te and Time		
Former	er Federal preferences: Involuntary Displacement (Disaster, Governme Owner, Inaccessibility, Property Disposition) Victims of domestic violence Substandard housing	nent Action, Action o	of Housing

HA Code	
	Homelessness High rent burden
Other	preferences (select all that apply) Working families and those unable to work because of age or disability Veterans and veterans' families Residents who live and/or work in the jurisdiction Those enrolled currently in educational, training, or upward mobility programs Households that contribute to meeting income goals (broad range of incomes) Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobility programs Victims of reprisals or hate crimes Other preference(s) (list below)
4. Rel	lationship of preferences to income targeting requirements:  The PHA applies preferences within income tiers  Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements
(5) Oc	<u>ecupancy</u>
of c	at reference materials can applicants and residents use to obtain information about the rules occupancy of public housing (select all that apply)  The PHA-resident lease The PHA's Admissions and (Continued) Occupancy policy PHA briefing seminars or written materials Other source – Briefing in person or by phone
b. Hov	w often must residents notify the PHA of changes in family composition? (select all that bly)  At an annual reexamination and lease renewal  Any time family composition changes  At family request for revision  Other – Any regular change of \$40.00 or more per month
(6) De	econcentration and Income Mixing
a. 🗌	Yes No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
b. 🗌	Yes No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If

PHA Name:

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no, this section is complete. If yes, list these developments on the following table:

Deconcentration Policy for Covered Developments					
Development Name Number of Units		Explanation (if any) [see step 4 at \$903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]		

#### **B. Section 8**

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B. Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).

#### (1) Eligibility

	criminal or drug-related activity only to the extent required by law or regulation Criminal and drug-related activity, more extensively than required by law or regulation More general screening than criminal and drug-related activity (list factors):  Other – Income and Landlord Verifications
b. 🗌 🧏	Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
c. 🛛 Y	Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
d. 🗌 🧏	Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
app □ ⊠ Allowed	cate what kinds of information you share with prospective landlords? (select all that aly)  Criminal or drug-related activity  Other - Prompt rent payments, Care of Property, Able to get along with neighbors, Left owing rent, others to live in unit, Interfere with the rights of others, if tenant moved or was evicted, if we would readmit nt. This would all be yes or no answers.
<u>(2)Wai</u>	ting List Organization
(select al	which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? It that apply)  None  Federal public housing  Federal moderate rehabilitation

PHA Name: HA Code:	5-Year Plan for Fiscal Years: 20 20	Annual Plan for FY 20
= • •	ject-based certificate program al or local program (list below)	
_ (select all that a	administrative office	nant-based assistance?
(3) Search Time		
a. Xes No	o: Does the PHA give extensions on standard 60-dunit?	lay period to search for a
rental properties av	stances below: Since Nixon is a small town and drailable, we sometimes extend an extra 30 day per move out somewhere.	
(4) Admissions Pr	<u>eferences</u>	
a. Income targeting	g 5	
Yes No:	Does the PHA plan to exceed the federal targetin more than 75% of all new admissions to the section below 30% of median area income?	
<ul><li>b. Preferences</li><li>1. ☐ Yes ☒ No:</li></ul>	Has the PHA established preferences for admit based assistance? (other than date and time of subcomponent (5) Special purpose section 8	application) (if no, skip to
	llowing admission preferences does the PHA plan at apply from either former Federal preferences or	
Inaccessibil Victims of o Substandard Homelessno	Displacement (Disaster, Government Action, Active, Property Disposition) domestic violence d housing	tion of Housing Owner,
Working fa Veterans an Residents w Those enrol	(select all that apply) milies and those unable to work because of age or ad veterans' families who live and/or work in your jurisdiction lled currently in educational, training, or upward r is that contribute to meeting income goals (broad ra	mobility programs

PHA Nam HA Code:		ears: 20 20	Annual Plan for FY 20
	Households that contribute to meeting inc Those previously enrolled in educational Victims of reprisals or hate crimes Other preference(s) (list below)		
that reg If you throug	ne PHA will employ admissions preference presents your first priority, a "2" in the box give equal weight to one or more of these th a point system), place the same number nce, "2" more than once, etc.	x representing your choices (either thro	second priority, and so on. ough an absolute hierarchy or
1	Date and Time		
Forme	er Federal preferences: Involuntary Displacement (Disaster, Gov Inaccessibility, Property Disposition) Victims of domestic violence Substandard housing Homelessness High rent burden	ernment Action, Ac	ction of Housing Owner,
Other 1	preferences (select all that apply) Working families and those unable to wo Veterans and veterans' families Residents who live and/or work in your j Those enrolled currently in educational, t Households that contribute to meeting in Households that contribute to meeting in Those previously enrolled in educational, Victims of reprisals or hate crimes Other preference(s) (list below)	urisdiction training, or upward come goals (broad i come requirements	mobility programs range of incomes) (targeting)
	nong applicants on the waiting list with equed? (select one)  Date and time of application  Drawing (lottery) or other random choice	-	s, how are applicants
	he PHA plans to employ preferences for "r sdiction" (select one) This preference has previously been revie The PHA requests approval for this prefe	ewed and approved	by HUD
6. Rel	lationship of preferences to income targeting. The PHA applies preferences within incomot applicable: the pool of applicant fam	ome tiers	

targeting requirements

#### (5) Special Purpose Section 8 Assistance Programs

<ul> <li>a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)</li> <li>The Section 8 Administrative Plan</li> <li>Briefing sessions and written materials</li> <li>Other- N/A</li> </ul>
<ul> <li>b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?</li> <li>Through published notices</li> <li>Other -N/A</li> </ul>
4. PHA Rent Determination Policies [24 CFR Part 903.12(b), 903.7(d)]  A. Public Housing
Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.
(1) Income Based Rent Policies
Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.
a. Use of discretionary policies: (select one of the following two)
The PHA will not employ any discretionary rent-setting policies for income-based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))  The PHA employs discretionary policies for determining income-based rent (If selected, continue to question b.)
b. Minimum Rent
1. What amount best reflects the PHA's minimum rent? (select one)  \$0  \$1-\$25  \$26-\$50
2.   Yes   No: Has the PHA adopted any discretionary minimum rent hardship exemption

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ponere					
3. If yes to question 2	, list these policies below:				
c. Rents set at less th	Rents set at less than 30% of adjusted income				
1. Yes No:	Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?				
2. If yes to above, list these will be used	at the amounts or percentages charged and the circumstances under which below:				
plan to employ (see	etionary (optional) deductions and/or exclusions policies does the PHA elect all that apply) income of a previously unemployed household member in earned income (other than general rent-setting policy) state amount/s and circumstances below:				
	age (other than general rent-setting policy) state percentage/s and circumstances below:				
For household For other fami For transporta For the non-re Other (describ	ly members tion expenses imbursed medical expenses of non-disabled or non-elderly families				
e. Ceiling rents					
Do you have ceiling     one)	ng rents? (rents set at a level lower than 30% of adjusted income) (select				
Yes for all dev Yes but only f No	velopments or some developments				
2. For which kinds o	f developments are ceiling rents in place? (select all that apply)				
For specified g  For certain par	occupancy developments (not elderly or disabled or elderly only) general occupancy developments rts of developments; e.g., the high-rise portion e units; e.g., larger bedroom sizes				

PHA Nam HA Code:		Annual Plan for FY 20		
$\boxtimes$	Other –N/A			
	lect the space or spaces that best describe how you arrive at ceiling ply)	rents (select all that		
	Market comparability study Fair market rents (FMR) 95 <sup>th</sup> percentile rents 75 percent of operating costs 100 percent of operating costs for general occupancy (family) developerating costs plus debt service The "rental value" of the unit Other – N/A	elopments		
f. Ren	t re-determinations:			
	ween income reexaminations, how often must tenants report chang sition to the PHA such that the changes result in an adjustment to re-	<u> </u>		
	Never At family option Any time the family experiences an income increase Any time a family experiences an income increase above a threshold percentage: (if selected, specify threshold)_\$40.00 per month Other (list below)	old amount or		
(ISAs)	Yes No: Does the PHA plan to implement individual savings as an alternative to the required 12 month disallowance of earned increases in the next year?			
(2) Fla	at Rents			
	etting the market-based flat rents, what sources of information did sh comparability? (select all that apply.)  The section 8 rent reasonableness study of comparable housing Survey of rents listed in local newspaper  Survey of similar unassisted units in the neighborhood Other (list/describe below)	the PHA use to		
	B. Section 8 Tenant-Based Assistance			
compon	ions: PHAs that do not administer Section 8 tenant-based assistance are not requent 4B. Unless otherwise specified, all questions in this section apply only to ace program (vouchers, and until completely merged into the voucher program).	the tenant-based section 8		
(1) Pav	yment Standards			

Describe the voucher payment standards and policies. a. What is the PHA's payment standard? (select the category that best describes your standard) At or above 90% but below 100% of FMR 100% of FMR Above 100% but at or below 110% of FMR Above 110% of FMR (if HUD approved; describe circumstances below) b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply) FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area The PHA has chosen to serve additional families by lowering the payment standard Reflects market or submarket Other –N/A c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply) FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area Reflects market or submarket To increase housing options for families Other- N/A d. How often are payment standards reevaluated for adequacy? (select one) Annually Other (list below) e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply) Success rates of assisted families Rent burdens of assisted families Other (list below) (2) Minimum Rent a. What amount best reflects the PHA's minimum rent? (select one) \$0 \$1-\$25 \$26-\$50 b. \(\sumsymbol{\text{Yes}}\) No: Has the PHA adopted any discretionary minimum rent hardship exemption

policies? (if yes, list below)

#### 5. Capital Improvement Needs

[24 CFR Part 903.12(b), 903.7 (g)]

Exemptions from Component 5: Section 8 only PHAs are not required to complete this component and may skip to Component 6.

#### A. Capital Fund Activities

Exemptions from sub-component 5A: PHAs that will not participate in the Capital Fund Program may skip to component 5B. All other PHAs must complete 5A as instructed.

ogram			
Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 12 and 13 of this template (Capital Fund Program tables). If no, skip to B.			
Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).			
d Public Housing Development and Replacement Activities nd)			
aponent 5B: All PHAs administering public housing. Identify any approved HOPE VI velopment or replacement activities not described in the Capital Fund Program Annual			
lization			
Has the PHA received a HOPE VI revitalization grant? (if no, skip to next component; if yes, provide responses to questions on chart below for each grant, copying and completing as many times as necessary)			
Status of HOPE VI revitalization grant (complete one set of questions for each grant)  Development name:  Development (project) number:  Status of grant: (select the statement that best describes the current status)  Revitalization Plan under development			

HA Code:				
c.  Yes No:	Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year? If yes, list development name/s below:			
d.  Yes No:	Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities below:			
e.  Yes No:	Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:			
<b>6. Demolition and</b> [24 CFR Part 903.12(b), 9				
	nt 6: Section 8 only PHAs are not required to complete this section.			
a.  Yes No:	Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 or 24 (Hope VI)of the U.S. Housing Act of 1937 (42 U.S.C. 1437p) or Section 202/Section 33 (Mandatory Conversion) in the plan Fiscal Year? (If "No", skip to component 7; if "yes", complete one activity description for each development on the following chart.)			
	Demolition/Disposition Activity Description			
1a. Development name				
1b. Development (project) number:				
2. Activity type: Demolition Disposition D				
3. Application status (select one)				
Approved				
Submitted, pending approval				
Planned application 4. Date application approved, submitted, or planned for submission: (DD/MM/YY)				
5. Number of units affe	A .			
6. Coverage of action (select one)				
Part of the development				
Total development				
7. Timeline for activity:				
<ul><li>a. Actual or projected start date of activity:</li><li>b. Projected end date of activity:</li></ul>				
	V:			

### 7. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program

[24 CFR Part 903.12(b), 903.7(k)(1)(i)]

PHA Name:

Annual Plan for FY 20\_\_

PHA Name: HA Code:	5-Year Plan for Fiscal Years: 20 20	Annual Plan for FY 20
(1) Yes No:	Does the PHA plan to administer a Section 8 Hom pursuant to Section 8(y) of the U.S.H.A. of 1937, a CFR part 982? (If "No", skip to the next compone each program description below (copy and comple program identified.)	as implemented by 24 ent; if "yes", complete
(2) Program Descrip	tion	
a. Size of Program  Yes No:	Will the PHA limit the number of families particip homeownership option?	-
	If the answer to the question above was yes, what is of participants this fiscal year?	is the maximum number
b. PHA established e	ligibility criteria Will the PHA's program have eligibility criteria fo Section 8 Homeownership Option program in addi If yes, list criteria below:	1 1
c. What actions will t	he PHA undertake to implement the program this y	ear (list)?
(3) Capacity of the l	PHA to Administer a Section 8 Homeownership	Program
<ul> <li>a.  Establishing a repurchase price and recresources.</li> <li>b.  Requiring that f provided, insured or g</li> </ul>	trated its capacity to administer the program by (self- minimum homeowner down payment requirement of quiring that at least 1 percent of the purchase price of mancing for purchase of a home under its Section 8 quaranteed by the state or Federal government; complex erwriting requirements; or comply with generally access.	f at least 3 percent of comes from the family's 8 homeownership will be ply with secondary
	a qualified agency or agencies to administer the pro	ogram (list name(s) and
· ·	that it has other relevant experience (list experience	e below).
8. Civil Rights Co [24 CFR Part 903.12 (b),		

Civil rights certifications are included in the *PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans,* which is submitted to the Field Office in hard copy—see Table of Contents.

#### 9. Additional Information

[24 CFR Part 903.12 (b), 903.7 (r)]

### A. PHA Progress in Meeting the Mission and Goals Described in the 5-Year Plan

(Provide a statement of the PHA's progress against the goals and objectives established in the previous 5-Year Plan for the period FY 2005- 2009.

The Housing Authority has met its goal of reducing vacancies. We are still trying to renovate and update All apartments so as to reduce the time it takes to make each apartment rent ready. We are also still Striving to update all policies and forms being used and to be knowledgeable concerning new changes by Getting the training needed.

#### **B.** Criteria for Substantial Deviations and Significant Amendments

#### (1) Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

a. Substantial Deviation from the 5-Year Plan:

Any changes to the admissions and occupancy policies or organization of the waiting list; any additions of non-emergency work items (items not included in the current Annual Statement or Five Year Action Plan).

b. Significant Amendment or Modification to the Annual Plan: Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

#### C. Other Information

[24 CFR Part 903.13, 903.15]

(1) Resident Advisory Board Recommendations				
a. 🔲 ,	Yes No: Did the PHA receive any comments on the PHA Plan from the			
	Resident Advisory Board/s?			
If yes,	provide the comments below:			
b. In w	hat manner did the PHA address those comments? (select all that apply) Considered comments, but determined that no changes to the PHA Plan were			
	The PHA changed portions of the PHA Plan in response to comments List changes below:			

$\boxtimes$	Other: N/A
(2) R	esident Membership on PHA Governing Board
PHA, ι	overning board of each PHA is required to have at least one member who is directly assisted by the unless the PHA meets certain exemption criteria. Regulations governing the resident board member and at 24 CFR Part 964, Subpart E.
	es the PHA governing board include at least one member who is directly assisted by HA this year?
X Y	res No:
If yes.	, complete the following:
	of Resident Member of the PHA Governing Board:
	d Yates
	od of Selection:
$\boxtimes$	Appointment (2014)
08/2	The term of appointment is (include the date term expires): $08/27/2004$ to $7/2005$
	Election by Residents (if checked, complete next sectionDescription of Resident Election Process)
	ription of Resident Election Process nation of candidates for place on the ballot: (select all that apply) Candidates were nominated by resident and assisted family organizations Candidates could be nominated by any adult recipient of PHA assistance Self-nomination: Candidates registered with the PHA and requested a place on ballot Other:
Elig	Any recipient of PHA assistance Any head of household receiving PHA assistance Any adult recipient of PHA assistance Any adult member of a resident or assisted family organization Other (list)
Eligib	ole voters: (select all that apply) All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance) Representatives of all PHA resident and assisted family organizations Other (list)

b. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?				
<ul> <li>The PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis</li> <li>The PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.</li> <li>Other (explain):</li> </ul>				
Date of next term expiration of a governing board member: August 27, 2005				
Name and title of appointing official(s) for governing board (indicate appointing official for the next available position): Honorable Mayor Don Chessher				
(3) PHA Statement of Consistency with the Consolidated Plan [24 CFR Part 903.15]				
For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).				
Consolidated Plan jurisdiction: State of Texas				
Consolidated Plan jurisdiction: State of Texas				
Consolidated Plan jurisdiction: State of Texas  a. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply):				
<ul> <li>a. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply):</li> <li>The PHA has based its statement of needs of families on its waiting list on the needs expressed in the Consolidated Plan/s.</li> <li>The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.</li> <li>The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.</li> <li>Activities to be undertaken by the PHA in the coming year are consistent with the</li> </ul>				
<ul> <li>a. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply):</li> <li>The PHA has based its statement of needs of families on its waiting list on the needs expressed in the Consolidated Plan/s.</li> <li>The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.</li> <li>The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.</li> </ul>				
<ul> <li>a. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply):</li> <li>The PHA has based its statement of needs of families on its waiting list on the needs expressed in the Consolidated Plan/s.</li> <li>The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.</li> <li>The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.</li> <li>Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)</li> </ul>				
<ul> <li>a. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply):</li> <li>The PHA has based its statement of needs of families on its waiting list on the needs expressed in the Consolidated Plan/s.</li> <li>The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.</li> <li>The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.</li> <li>Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)</li> <li>Other: (list below)</li> <li>b. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: The Consolidated Plan of the jurisdiction does not support the PHA Plan except for agreeing with and approving the Mission Statement and the Goals for the Housing Authority which was signed by Michael Lyttle, Director of</li> </ul>				

#### 10. Project-Based Voucher Program

smaller areas within eligible census tracts):

a.	Yes No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If yes, answer the following questions.
b.	Yes No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option?
	If yes, check which circumstances apply:  Low utilization rate for vouchers due to lack of suitable rental units  Access to neighborhoods outside of high poverty areas  Other (describe below:)
c.	Indicate the number of units and general location of units (e.g. eligible census tracts or

### 11. List of Supporting Documents Available for Review for Streamlined Five-Year/ Annual PHA Plans

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

activities conducted by the FTFA.					
	List of Supporting Documents Available for Review				
Applicable &	Supporting Document	Related Plan Component			
On Display					
X	PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans.	Standard 5 Year and Annual Plans; streamlined 5 Year Plans			
X	State/Local Government Certification of Consistency with the Consolidated Plan.	5 Year Plans			
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans			
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA's public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs			
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources			
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP),	Annual Plan: Eligibility,			

List of Supporting Documents Available for Review				
Applicable & On Display	Supporting Document	Related Plan Component		
On Display	which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Selection, and Admissions Policies		
	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing.   Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies		
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies		
X	Public housing rent determination policies, including the method for setting public housing flat rents.   Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination		
X	Schedule of flat rents offered at each public housing development.  Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination		
X	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies.   Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination		
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance		
X	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations		
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency		
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations		
	Any policies governing any Section 8 special housing types  check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance		
	Consortium agreement(s).	Annual Plan: Agency Identification and Operations/ Management		
X	Public housing grievance procedures  Check here if included in the public housing A & O Policy.	Annual Plan: Grievance Procedures		
X	Section 8 informal review and hearing procedures.  Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures		
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs		
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs		
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs		
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs		
	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition		
	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing		
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing		
X	Documentation for required Initial Assessment and any additional information	Annual Plan: Voluntary		

List of Supporting Documents Available for Review			
Applicable & On Display	Supporting Document	Related Plan Component	
	required by HUD for Voluntary Conversion.	Conversion of Public Housing	
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership	
	Policies governing any Section 8 Homeownership program (Sectionof the Section 8 Administrative Plan)	Annual Plan: Homeownership	
X	Public Housing Community Service Policy/Programs  Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency	
	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency	
	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency	
X	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency	
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency	
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G).  ☐ Check here if included in the public housing A & O Policy.	Pet Policy	
	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit	
	Consortium agreement(s), if a consortium administers PHA programs.	Joint PHA Plan for Consortia	
	Consortia Joint PHA Plans ONLY: Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection	Joint PHA Plan for Consortia	
	Other supporting documents (optional). List individually.	(Specify as needed)	

	nd Program and Capital Fund Program Replaceme	nt Housing Factor (C	CFP/CFPRHF) Part I	: Summary
PHA Name: Housing Authority of the City of Nixon		Grant Type and Number		<u> </u>
		V -	nt No: TX59P1755501	-04
		Replacement Housing Fac		
✓ Original A	annual Statement Reserve for Disasters/ Emergencies Rev	rigad Annual Statement (	novision no.	
= ~	<u> </u>	ormance and Evaluation	· ·	
ir er formar Line	Summary by Development Account	Total Estimated Cost To		
ZIIIC	Summary by Development Account	Original	Revised	Obligated
	Total non-CFP Funds	Original	TTC VISCO	Obligates
<u> </u>	1406 Operations			
	1408 Management Improvements			
	1410 Administration	5000		
·	1411 Audit			
,	1415 Liquidated Damages			
,	1430 Fees and Costs	5000		
}	1440 Site Acquisition			
)	1450 Site Improvement	17882		
0	1460 Dwelling Structures			
1	1465.1 Dwelling Equipment—Nonexpendable			
2	1470 Nondwelling Structures	30000		
2 3 4 5	1475 Nondwelling Equipment			
4	1485 Demolition			
.5	1490 Replacement Reserve			
6	1492 Moving to Work Demonstration			
7	1495.1 Relocation Costs			
8	1499 Development Activities			
9	1501 Collaterization or Debt Service			
20	1502 Contingency			
21	Amount of Annual Grant: (sum of lines 2 – 20)	57882		
.2	Amount of line 21 Related to LBP Activities			
8 9 00 11 22 33 44 5	Amount of line 21 Related to Section 504 compliance			
.4	Amount of line 21 Related to Security – Soft Costs			
5	Amount of Line 21 Related to Security – Hard Costs			
6	Amount of line 21 Related to Energy Conservation Measures			

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: The Housin	Grant Type and Number Capital Fund Program Grant No: TX59P1755501-04 Replacement Housing Factor Grant No:				Federal FY of C	Grant:	
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct	Quantity	Total Estimated Cost		Total Actual	
				Original	Revised	Funds Obligated	I
TX175001,002	ADMINISTRATION(Sundry costs due to Capital Fund, Long Distance ,Printing ,Constructio Management, ect.)	1410		5000			
TX175001,002	FEES & COSTS (A&E Fees)	1430		5000			
TX175001,002	SITE IMPROVEMENTS (Hanndicap Ramp at #21, steps, rails and ramps needed at Washington Street site, and needed handicap additions for attached Community Bldg on 4 <sup>th</sup> Street)	1450		17882			
TX175001,002	NON-DWELLING STRUCTURES (Renovate unit #16 (attached to office) into a community bldg for meetings and much needed storage)	1470		30000			

# Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CF Part III: Implementation Schedule

PHA Name: : The Housing Authority of the			Grant	Federal FY o				
City of Nixon			Capita					
Replacement Housing Factor No:								
Development Number		Fund C			A	Reasons		
Name/HA-Wide	(Qua	nding Date) (Quarter Ending Date)			e)			
Activities								
	Original	Rev	ised	Actual	Original	Revised	Actual	
TX-185-001,002	09/14/2006				09/14/2008			
		•						

Capital Fund Program Five-Year Ac Part I: Summary	ction Plan					
PHA Name				☐Original 5-Year Plan☐Revision No:		
Development Number/Name/HA- Wide	Year 1	Work Statement for Year  2  FFY Grant: PHA FY: 2006	Work Statement for Year 3 FFY Grant: PHA FY: 2007	Work Statement for Year  4  FFY Grant: PHA FY: 2008	Work Statement 5 FFY Grant: PHA FY: 2009	
	Annual Statement					
TX175-001,002		55729.00	55729.00	55729.00	55729.00	
	+		+			
			+			
			<u> </u>			
CFP Funds Listed for 5-year planning		55729.00	55729.00	55729.00	55729.00	
Replacement Housing Factor Funds						

**Capital Fund Program Five-Year Action Plan** Part II: Supporting Pages—Work Activities Activities for Activities for Year 2006: Activities for Year: 2007\_\_\_\_ FFY Grant: FFY Grant: Year 1 PHA FY: PHA FY: Development Major Work **Estimated** Development Major Work **Estimated Co** Name/Number Categories Name/Number Categories Cost TX175 001,002 SeTe New shop & storage Landscaping, 42534.00 TX175 001,002 22534.00 erosion, drainage, tree trimming TX175 001,002 TX175 001,002 13195.00 Annual Repair Apt .Interiors 10000.00 Fees & Cost. Admin. Office Equipment 5000.00 TX175 001 **Statement** TX175 001,002 Thresholds & Sweeps 5000.00 TX175 001,002 13195.00 Fees & Cost, Admin.

\$55729.00

**Total CFP Estimated Cost** 

\$55729.00

Anni	ıal Statement/Performance and Evalu			
	tal Fund Program and Capital Fund	-	ent Housing Facto	r (CFP/CFPRHF) Pai
PHA N	ame: : The Housing Authority of the City of Nixon	Grant Type and Number		
			t No: TX59P175502-03	
		Replacement Housing Factor		
	ginal Annual Statement Reserve for Disasters/ Em			
	<b>Cormance and Evaluation Report for Period Ending:</b>		ormance and Evaluation l	
Line	Summary by Development Account	Total Es	timated Cost	Total Ac
No.		0	D 1 1	0111 ( 1
	To the GDD To the	Original	Revised	Obligated
1	Total non-CFP Funds			
2	1406 Operations			
3	1408 Management Improvements			
4	1410 Administration	547.00		547.00
5	1411 Audit			
6	1415 Liquidated Damages	900.00		900.00
7	1430 Fees and Costs			
8	1440 Site Acquisition			
9	1450 Site Improvement	9000.00		9000.00
10	1460 Dwelling Structures			
11	1465.1 Dwelling Equipment—Nonexpendable			
12	1470 Nondwelling Structures			
13	1475 Nondwelling Equipment			

A	-1 C4-4	4° D4		
	ial Statement/Performance and Evalua	-		
Capi	tal Fund Program and Capital Fund P	rogram Replaceme	ent Housing Factor	(CFP/CFPRHF) Par
PHA Na	me: : The Housing Authority of the City of Nixon	Grant Type and Number		
		Capital Fund Program Grant	No: TX59P175502-03	
		Replacement Housing Factor	Grant No:	
⊠Orig	inal Annual Statement $\square$ Reserve for Disasters/ Emer	rgencies Revised Annual	Statement (revision no:	)
Perf	ormance and Evaluation Report for Period Ending: 0	9/30/2004	rmance and Evaluation Ro	eport
Line	Summary by Development Account	Total Esti	imated Cost	Total Act
No.				
		Original	Revised	Obligated
14	1485 Demolition			
15	1490 Replacement Reserve			
16	1492 Moving to Work Demonstration			
17	1495.1 Relocation Costs			
18	1499 Development Activities			
19	1501 Collaterization or Debt Service			
20	1502 Contingency			
21	Amount of Annual Grant: (sum of lines 2 – 20)	10447.00		10447.00
22	Amount of line 21 Related to LBP Activities			
23	Amount of line 21 Related to Section 504 compliance			
24	Amount of line 21 Related to Security – Soft Costs			
25	Amount of Line 21 Related to Security – Hard Costs			
26	Amount of line 21 Related to Energy Conservation			
	Measures			

# Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages

PHA Name: : The J	Housing Authority of the City of Nixon	Grant Type and N	Federal FY of Gran						
			Capital Fund Program Grant No: TX59P175502-03 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity		mated Cost	Total A	ctual		
				Original	Revised	Funds Obligated	I		
TX175-001,002	ADMINISTRATION (Sundry costs due to Capital Fund, Long Distance, Advertising, Printing, Construction Management, ect.)	1410		547.00		547.00			
TX175-001,002	FEES & COSTS (A/E fees)	1430		900.00		900.00			
TX175-001,002	DWELLING STRUCTURES Repair Beams,Soffit, Facia & Misc.Repairs	1450		9000.00		9000.00			
TX175-001,002	NON-DWELLING EQUIPMENT	1475					$\top$		
	CONTINGENCIES	1502			<del></del>		$\mp$		
		1 1					#		
		+ +		<del> </del>	<del> </del>	+	+		
TOTALS				10447.00			丰		
		+			<del> </del>		+		
				<u> </u>			$\pm$		
							Ţ		
		+		<del> </del>	<del> </del>		+		
		+		+			+		
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				,	1				

# Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule PHA Name: Housing Authority of the City of Grant Type and Number Figure 2003

PHA Name: Housing Aut	hority of the City	y of		Type and Nui				Federal FY of Grant: 2003
Nixon					m No: TX59P17	5502-03		
			Repla	cement Housii	ng Factor No:			
Development Number	All	Fund C	Obligate	ed	A	Il Funds Expended	1	Reasons for Revis
Name/HA-Wide	(Qua	rter End	ding Da	ate)	(Q	uarter Ending Dat	e)	
Activities								
	Original	Revi	ised	Actual	Original	Revised	Actual	
TX175-001,002	02/13/2006				02/13/2008			
		•	·					

PHA Name	Housing Authority of the City of Nixon	Annual Statement/Performance and Evaluation Re Capital Fund Program and Capital Fund Program				
		Capital Fund Prog	gram and Capital	Fund Program		
		Replacement House	sing Factor (CFP	/CFPRHF) Part		
		Summary	· ·	,		
Origina	l Annual Statement Reserve for Disasters/ Emergence		nent (revision no:			
	nance and Evaluation Report for Period Ending:09/30/2		nce and Evaluation Rep	ort		
Line No.	Summary by Development Account	Total Estin				
		Original	Revised	Obligated		
1	Total non-CFP Funds					
2	1406 Operations	9892.00		9892.00		
3	1408 Management Improvements	9892.00		9892.00		
4	1410 Administration	4946.00		4946.00		
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	24734.00		24734.00		
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1499 Development Activities					
19	1501 Collaterization or Debt Service					
20	1502 Contingency					
21	Amount of Annual Grant: (sum of lines 2 – 20)	49464.00		49464.00		
22	Amount of line 21 Related to LBP Activities					
23	Amount of line 21 Related to Section 504 compliance					
24	Amount of line 21 Related to Security – Soft Costs					
25	Amount of Line 21 Related to Security – Hard Costs					
26	Amount of line 21 Related to Energy Conservation Measures					

# Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF Part II: Supporting Pages

PHA Name: Housing Authority of the City of Nixon		Grant Type and I	Federal F			
		Capital Fund Prog				
		Replacement Hou	sing Factor Grant N	lo:		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estin	mated Cost	То
				Original	Revised	Funds Obligat
HA-WIDE	OPERATIONS (LRPH)	1406		9892.00		9892.0
HA-WIDE	MGMT IMPROVEMENTS	1408		9892.00		9892.0
HA-WIDE	ADMINISTRATION (Sundry cost dur to Capital Fund, Long Distance, Advertising, Printing, Construction Management, ect.)	1410		4946.00		4946.0
HA-WIDE	AUDIT	1411				
TX 175-1	SITE IIMPROVEMENTS	1450				
TX175-1&2	DWELLING STRUCTURES	1460		24734.00		24734.
TX175-1	DWELLING EQUIPMENT NONEXPENDABLE	1475				
HA-WIDE	CONTINGENCIES	1502				
TOTALS				49464.00		49464.

# Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF Part III: Implementation Schedule

ority of the City						Federal FY of Grant	
	Capita Repla	Capital Fund Program No: TX59p175501-03 Replacement Housing Factor No:					
	Fund Obligate	ed	All Funds Expended (Quarter Ending Date)			Reasons	
Original	Revised	Actual	Original	Revised	Actual		
09/16/2005			09/16/2007				
	All (Qua Original	Capita Repla All Fund Obligate (Quarter Ending Date Original Revised	Capital Fund Progra Replacement Housin All Fund Obligated (Quarter Ending Date)  Original Revised Actual	Capital Fund Program No: TX59p17: Replacement Housing Factor No:  All Fund Obligated A (Quarter Ending Date) (Quarter Ending Date)	Capital Fund Program No: TX59p175501-03 Replacement Housing Factor No:  All Fund Obligated (Quarter Ending Date)  Original Revised Actual Original Revised	Capital Fund Program No: TX59p175501-03 Replacement Housing Factor No:  All Fund Obligated (Quarter Ending Date)  Original Revised Actual Original Revised Actual	

Annual	Statement/Performance and Evaluation	ı Report		
Capital	<b>Fund Program and Capital Fund Progr</b>	am Replacement H	ousing Factor (C	FP/CFPRHF) Pa
	HOUSING AUTHORITY OF THE CITY OF NIXON	Grant Type and Number	<u> </u>	
		Capital Fund Program Grant N	No: TX59p175501-02	
		Replacement Housing Factor		
	Annual Statement Reserve for Disasters/ Emergenci		nent (revision no: )	
<b>⊠</b> Perform	ance and Evaluation Report for Period Ending: 09/30/2	004	nce and Evaluation Rep	ort
Line No.	Summary by Development Account	Total Estir	,	T
		Original	Revised	Obligated
1	Total non-CFP Funds			
2 3	1406 Operations			
3	1408 Management Improvements			
4 5 6 7	1410 Administration	6000.00		6000.00
5	1411 Audit			
6	1415 Liquidated Damages			
	1430 Fees and Costs	6000.00		6000.00
8	1440 Site Acquisition			
9	1450 Site Improvement			
10	1460 Dwelling Structures	15711.00		15711.00
11	1465.1 Dwelling Equipment—Nonexpendable	16000.00		16000.00
12 13	1470 Nondwelling Structures	20000.00		20000.00
13	1475 Nondwelling Equipment			
14	1485 Demolition			
15	1490 Replacement Reserve			
16	1492 Moving to Work Demonstration			
17	1495.1 Relocation Costs			
18	1499 Development Activities			
19	1501 Collaterization or Debt Service			
20	1502 Contingency			
21	Amount of Annual Grant: (sum of lines 2 – 20)	63711.00		63711.00
22	Amount of line 21 Related to LBP Activities			
23	Amount of line 21 Related to Section 504 compliance			
24	Amount of line 21 Related to Security – Soft Costs			
25	Amount of Line 21 Related to Security – Hard Costs			
26	Amount of line 21 Related to Energy Conservation Measures			

### **Annual Statement/Performance and Evaluation Report**

### **Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

Part II: Supporting Pages

PHA Name: HOUSING NIXON	G AUTHORITY OF THE CITY OF	Capital Fund Prog	gram Grant No: TX	Grant Type and Number Capital Fund Program Grant No: TX59P175501-02 Replacement Housing Factor Grant No:				
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estin	mated Cost	Tota		
				Original	R Fur e v i s e d	nds Obligated		
HA-WIDE	OPERATIONS	1406	ı	1	<u> </u>			
HA-WIDE	MGMT IMPROVEMENTS	1408	ı	1				
HA-WIDE	AMINISTRATION (Sundry costs due to capital fund, long distance, advertising, printing construction management, ect.)	1410		6000.00		6000.00		
HA- WIDE	AUDIT	1411	ı	T				
TX175-1	FEES & COSTS (A/E FEES)	1430	i	6000.00		6000.00		
TX175-1	SITE IMPROVEMENTS (SHOP & STORAGE SHED)	1450						
TX 175-1&2	DWELLING STRUCTURES (REPAIR & REPAINT EXTERIOR FACIA AS REQUIRED ELDERLY)	1460		35711.00		35711.00		
TX 175-1	DWELLING EQUIPMENT- NONEXPENDABLE (RANGES & REFRIGERATORS)	1465. 1		16000.00		16000.00		
TX175-1	NON-DWELLING EQUIPMENT- EXPENDABLE	1475						
HA-WIDE	CONTINGENCIES	1502	<del></del>					
TOTALS				63711.00		63711.00		
					<del>    -   -   -   -   -   -   -   -   -  </del>			
	+	+	<u> </u>	+	++			
<u> </u>								
<del> </del>		1	<del></del>	<del> </del>				

# Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF Part III: Implementation Schedule

HA Name: HOUSING AUT HE CITY OF NIXON  Development Number	All Fund	Capita	cement Housing	m No: TX59P175 ng Factor No:	5501-02		Federal FY of Grant:
		Replac	cement Housing	ng Factor No:	)301-02		
Development Number							1
Development Number		1 Obligate					
	(Quarter l				ll Funds Expended		Reasons f
Name/HA-Wide	(Quarter 1	Ending Da	ite)	(Qu	uarter Ending Date)	)	
Activities			l				
(	Original Re	evised	Actual	Original	Revised	Actual	
TX175-1 09	9/30/2004			09/30/2006			

#### **Annual Statement/Performance and Evaluation Report** Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF **Grant Type and Number** PHA Name: Nixon Housing Authority Capital Fund Program Grant No: TX59P175501-01 Replacement Housing Factor Grant No: ⊠Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: Performance and Evaluation Report for Period Ending: 09/30/2004 Final Performance and Evaluation Report **Summary by Development Account Total Estimated Cost** No. **Original** Revised **Obligated** Total non-CFP Funds 1406 Operations 1408 Management Improvements 3 1410 Administration 6573.00 4 6573.00 5 1411 Audit 6 1415 Liquidated Damages 1430 Fees and Costs 6573.00 6573.00 8 1440 Site Acquisition 9 1450 Site Improvement 10 1460 Dwelling Structures 34983.00 34983.00 1465.1 Dwelling Equipment—Nonexpendable 11 18731.00 18731.00 12 1470 Nondwelling Structures 13 1475 Nondwelling Equipment 1485 Demolition 14 15 1490 Replacement Reserve 1492 Moving to Work Demonstration 16 17 1495.1 Relocation Costs 18 1499 Development Activities 1501 Collaterization or Debt Service 19 20 1502 Contingency 21 Amount of Annual Grant: (sum of lines 2 - 20) 67060.00 67060.00 22 Amount of line 21 Related to LBP Activities 23 Amount of line 21 Related to Section 504 compliance Amount of line 21 Related to Security – Soft Costs 24 25 Amount of Line 21 Related to Security - Hard Costs 26 Amount of line 21 Related to Energy Conservation Measures

### **Annual Statement/Performance and Evaluation Report**

### Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF

Part II: Supporting Pages

PHA Name: HOUSING AUTHORITY OF THE		Grant Type and N	Federal F			
CITY OF NIXO	N	Capital Fund Prog Replacement Hou		K59P175501-( No:	)1	
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity		mated Cost	Tot
				Original	Revised	Funds Obligat
HA-WIDE	OPERATIONS(LRPH)	1406				
HA-WIDE	MGMT IMPROVEMENTS	1408				
HA-WIDE	AMINISTRATION (SUNDRY costs due Capital Fund, Long Distance, Advertising, Printing. Construction Management, ect.)	1410		6573.00		6573.0
HA-WIDE	AUDIT	1411				
TX175-1	FEES & COSTS (A/E FEES)	1430		6573.00		6573.0
TX175-1	SITE IMPROVEMENTS	1450				
TX175-1	DWELLING STRUCTURES (REPLACE CABINETS, TILE TUB SURROUNDS REPLACE INTERIOR DOORS;REPAIR & REPAINT EXTERIOR TRIM AS REQUIRED	1460 34 UNIT S		34983.00		34983.0
TX175-1	DWELLING EQUIPMENT- NONEXPENDABLE (RANGES & REFRIGERATORS	1465. 1		18731.00		18731.0
TX175-1	NON DWELLING EQUIPMENT- EXPENDABLE	1475				
HA WIDE	CONTINGENCIES	1502				
				67060.00		67060.0

# Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF Part III: Implementation Schedule

PHA Name: NIXON HOUSING Grant Type and Number					Federal FY of Grant:		
AUTHORITY				redetair i of Grant:			
710 THORITT			Capital Fund Program No: TX59P175501-01 Replacement Housing Factor No:				
		•					
Development Number		Fund Obligate			Il Funds Expended		Reasons f
Name/HA-Wide	(Qua	rter Ending Da	ate)	(Q	uarter Ending Date	e)	
Activities							
	Original	Revised	Actual	Original	Revised	Actual	
TX175-1	09/30/2003			09/30/2005			

Annı	ual Statement/Performance and Evaluation Re	eport			
Capi	Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I:				
PHA N	Name: HOUSING AUTHORITY OF THE CITY OF	Grant Type and Number		,	
NIXO	N	Capital Fund Program Gra	ant No: TX59P175501-0	5	
		Replacement Housing Fac	ctor Grant No:		
⊠Ori	ginal Annual Statement Reserve for Disasters/ Emer	rgencies Revised Ann	ual Statement (revision no	<b>)</b> : )	
	formance and Evaluation Report for Period Ending:		and Evaluation Report	,	
Line	Summary by Development Account		imated Cost	To	
	•	Original	Revised	Obligated	
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	6500.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	6500.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	42721.00			
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	55721.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report			
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)			
Part II: Supporting Pages			
PHA Name: The Housing Authority of the City of Nixon	Grant Type and Number Capital Fund Program Grant No: TX59P175501-05	Federal FY of Grant	
	Replacement Housing Factor Grant No:		

Development Number Name/HA-Wide Activities	General Description of Major Work  Categories	Dev. Acct No.	Quantity	Total Es Co		Total Ac	ctual
				Original	Revised	Funds Obligated	I
TX175001,002	ADMINISTRATION(Sundry costs due to Capital Fund, Long Distance ,Printing ,Constructio Management, ect.)	1410		6500			
TX175001,002	FEES & COSTS (A&E Fees)	1430		6500			
TX175001,002	SITE IMPROVEMENTS	1450					
TX175001,002	NON-DWELLING STRUCTURES Outside storage units for each apartment.	1470		4272100			

# Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CF Part III: Implementation Schedule

PHA Name: : The Housing Authority of the			Grant T	Federal FY o				
City of Nixon			Capital Fund Program No: TX59P175501-05					
Replacement Housing Factor No:								
Development Number		All Fund Obligated All Funds E			All Funds Expended	Expended		
Name/HA-Wide	(Quar	rter Endi	ing Da	ıte)	(Ç	Quarter Ending Date	<u>*</u> )	
Activities								
	Original	Revise	ed	Actual	Original	Revised	Actual	
TX175001,002	09-14-2007				09-14-2009			

#### Attachment 4. (Statement of Progress in Meeting 5-Year Plan Mission and Goals)

## Nixon Housing Authority

Nixon Housing Authority

January 10,2005

U.S. Dept. of HUD San Antonio Office Region VI 106 S. St. Mary's Ste. 405 San Antonio, Texas 78205

Re: Progress Statement

The Nixon Housing Authority has met some goals of the 5-year action plan. We have improved the overall appearance of the apartments and surrounding areas. The parking lots have been paved and this enables the apartments and the office to be accessible by wheelchair. At the present time we are still working on updating all of our policies and updating all of our files so that we are in compliance.

We are working on improving our Physical Inspection scores and our Semap scores. Overall management is working diligently to be current in all aspects of the Housing Authority. Our Work Order Logs, Rental Registers, and Vacancy Logs are up to date and in the computer, with back up.

Hopefully, the H.A. intends to be completely up to date by the end of the fiscal year.

Barbara Sue Hanson **Barbara Sue Hanson**Executive Director, Nixon HA

#### **Attachment 5. (Initial Voluntary Conversion Assessment)**

## Nixon Housing Authority

Nixon Housing Authority

January 10, 2005

U.S. Dept. of HUD San Antonio Office Region VI 106 S. St. Mary's, Ste 405 San Antonio, Texas 78205

Re: Initial Voluntary Conversion Assessment

The following information is for the Housing Authority of the City of Nixon Development Name: TX175001-002

We have reviewed the subject development's operation as public housing, considered the implications of converting the public housing to tenant-based assistance, and concluded that the development does not meet the necessary conditions for voluntary conversion. Our analysis indicates that conversion of the development:

- 1) Will be more expensive than continuing to operate the development (or portion of it) as public housing.
- 2) Would not principally benefit the residents of the public housing development to be converted and the community, and
- 3) Would adversely affect the availability of affordable housing in the community.

If you have any questions, please call me at (830) 582-1433.

Sincerely,

Barbara Sue Hanson

Barbara Sue Hanson Executive Director

#### **Attachment 6. (Drug-Free Certification)**

## Certification for a Drug-Free Workplace

### U.S. Department of Housing and Urban Development

Applicant Name

#### HOUSING AUTHORITY OF THE CITY OF NIXON

Program/Activity Receiving Federal Grant Funding CAPITAL FUND PROGRAM (TX59P175501-04)

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
- b. Establishing an on-going drug-free awareness program to inform employees ---
  - (1) The dangers of drug abuse in the workplace;
  - (2) The Applicant's policy of maintaining a drug-free workplace;
  - Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
- Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;
- d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will

- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---
- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with
the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code.
(Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

(10 0:0.0: 1001, 1010, 1012, 31 0:0.0: 3123, 3002)	
Name of Authorized Official	Title
Barbara Sue Hanson	Executive Director
Signature	Date
X Barbara Sue Hanson	January 10, 2005

#### **Attachment 7. (Consolidated Plan Certification)**

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

### Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan

I,Michael Lyttle, Dire	ector of Governmental Affairs certify	
(Enter Official's Name)	(Enter Official's Title)	
that the Five Year and Annual PHA Plan	of the Housing Authority of the City of Nixon (Enter HA Name)	is
consistent with the Consolidated Plan of	The State of Texas pre (Enter Jurisdiction Name)	pared
pursuant to 24 CFR Part 91.		
Michael Lyttle		
Signed / Dated by Appropriate State or L	Local Official	

# Certification of Payments to Influence Federal Transactions

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

Applicant Name

#### HOUSING AUTHORITY OF THE CITY OF NIXON

Program/Activity Receiving Federal Grant Funding

#### CAPITAL FUND PROGRAM (TX59P175501-04)

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Barbara Sue Hanson	Executive Director
Signature	Date (mm/dd/yyyy)
Barbara Sue Hanson	January 10, 2005

Previous edition is obsolete 7485.1, & 7485.3

ref. Handboooks 7417.1, 7475.13,

#### **Attachment 9. (PHA Compliance w/Plans & Regulations Certification)**

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

### PHA Certifications of Compliance with the PHA Plans and Related Regulations Board Resolution to Accompany the PHA Plan

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the <u>5-Year Plan and Annual Plan</u> for PHA fiscal year beginning <u>04/01/2005</u>, hereinafter referred to as the Plan of which this document is a part and make the following certifications and agreements with the Department of Housing Development (HUD) in connection with the submission of the Plan and implementation thereof:

- 1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
- 2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
- 3. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
- 4. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
- 5. The PHA will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
- 6. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
- 7. For PHA Plan that includes a policy for site based waiting lists:
  - The PHA regularly submits required data to HUD's MTCS in an accurate, complete and timely manner (as specified in PIH Notice 99-2);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting list would not violate any court order or settlement agreement or be

- inconsistent with a pending complaint brought by HUD;
- The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
- The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
- 8. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
- 9. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
- 10. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low- or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
- 11. The PHA has submitted with the Plan a certification with regard to a drug free workplace required by 24 CFR Part 24, Subpart F.
- 12. The PHA has submitted with the Plan a certification with regard to compliance with restrictions on lobbying required by 24 CFR Part 87, together with disclosure forms if required by this Part, and with restrictions on payments to influence Federal Transactions, in accordance with the Byrd Amendment and implementing regulations at 49 CFR Part 24.
- 13. For PHA Plan that includes a PHDEP Plan as specified in 24 CFR 761.21: The PHDEP Plan is consistent with and conforms to the "Plan Requirements" and "Grantee Performance Requirements" as specified in 24 CFR 761.21 and 761.23 respectively and the PHA will maintain and have available for review/inspection (at all times), records or documentation of the following:
  - Baseline law enforcement services for public housing developments assisted under the PHDEP plan;
  - Consortium agreement/s between the PHAs participating in the consortium and a copy of the
    payment agreement between the consortium and HUD (applicable only to PHAs participating in a
    consortium as specified under 24 CFR 761.15);
  - Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;
  - Coordination with other law enforcement efforts;
  - Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and
  - All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.
- 14. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
- 15. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
- 16. The PHA will provide HUD or the responsible entity any documentation that the Department needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58.
- 17. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
- 18. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
- 19. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act and 24 CFR Part 35.
- 20. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments) and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian

- Tribal Governments.).
- 21. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
- 22. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and attachments at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.

Nixon H.A.,	TX 175
PHA Name	PHA Number

*Troy L. Gibson* 01-05-2005

Signed/Dated by PHA Board Chair or other authorized PHA official

#### **DISCLOSURE OF LOBBYING ACTIVITIES**

Approved by OMB 0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 (See reverse for public burden disclosure.)

1. Type of Federal Action:  a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance (Check applicable box)	2. Status of Federal Action:  a. bid/offer/application b. initial award c. post-award		3. Report Type:  a. initial filing b. material change  For Material Change Only:  year quarter date of last report	
	pawardee Enter Name an		ng Entity in No. 4 is a Subawardee,  Address of Prime:  nal District, if known:	
6. Federal Department/Agency DEPARTMENT OF HOUSING & URBA	N DEVELOPMENT	7. Federal Program Name/Description:  TX59P281501-04  CFDA Number, if applicable:		
8. Federal Action Number, if known:		9. Award Amount, if known:		
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):		b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):		
11. Information requested through this form is auth- U.S.C. section 1352. This disclosure of lobbyin- material representation of fact upon which relia tier above when this transaction was made or e disclosure is required pursuant to 31 U.S.C. 13 will be reported to the Congress semi-annually for public inspection. Any person who fails to fil disclosure shall be subject to a civil penalty of n and not more than \$100,000 for each such failure.	g activities is a note was placed by the ntered into. This 52. This information and will be available e the required ot less that \$10,000	Signature: <u>Barbara Sue Hanson</u> Print Name: <u>Barbara Sue</u> Hanson_  Title: <u>Executive Director</u> Telephone No.: 830-582-1433 Date: 01-10-2005_		
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)		

#### Nixon Housing Authority

# Nixon Housing Authority

May 24, 2004

U.S. Dept. of HUD San Antonio Office Region VI 106 S.St. Mary's, Ste 405 San Antonio, Texas 78205

Re: Substantial Deviation – Significant Amendment or Modification

The following statement is pursuant to 24 CFR, Part 903, Public Housing Agency Plans, Final Notice, Section 903.7(r)(2); A PHA must identify the basis criteria the PHA will use for determining: (i) A substantial deviation from its 5-Year Plan; and (ii) A significant amendment or modification to its 5-Year Plan and Annual Plan. The criteria for "a substantial deviation from the 5-Year Plan" and "a significant amendment or modification to the 5 Year Plan and Annual Plan" includes but is not limited to the following:

- · Any change to the Mission Statement;
- · 50% deletion from or addition to the goals and objectives as a whole;
- · 50% or more decrease in the quantifiable measurement of any individual goal or objective;
- · 50% variance in the funds projected in the Capital Fund Program Annual Statement or 5-Year Action Plan;
- Any increase or decrease over 50% in the funds projected in the Financial Resource Statement and/or the Capital Fund Program Annual Statement;
- · Any change in a policy or procedure that requires a regulatory 30-day posting;
- Any submission to HUD that requires a separate notification to residents, such as Hope VI,
   Public Housing Conversion, Demolition/Disposition, Designated Housing or Homeownership programs;
- $\cdot$  Any change inconsistent with the local, approved Consolidated Plan; and
- $\cdot$  Any changes to rent or admissions policies or organization of the waiting list;

If the amendment or modification is a significant amendment or modification, as defined above, the PHA: (1) May not adopt the amendment or modification until the PHA has duly called a meeting of its board of directors and the meeting, at which the amendment or modification is adopted, is open to the public; and (2) May not implement the amendment or modification, until notification of the amendment or modification is provided to HUD and approved by HUD in accordance with HUD's plan review procedures, as provided in Section 903.23.

Barbara Sue Hanson

Barbara Sue Hanson

**Executive Director-Nixon Housing Authority** January 10, 2005

**Attachment 12. (Pet Policy excerpt)** 

#### Nixon Housing Authority

# Nixon Housing Authority

May 24, 2004

U.S. Dept. of HUD San Antonio Office Region VI 106 S. St. Mary's, Ste. 405 San Antonio, Texas 78205

Re: Pet Policy

The Pet Policy is an Addendum to the Lease. The tenants are notified at the time they apply of the rules concerning pets and are asked to sign the Policy at the same time they sign their lease or if they acquire a pet afterwards. There is an additional Pet Deposit of \$100. The Pet Policy is being sent in its entirety to the Memphis Office.

Barbara Sue Hanson

Barbara Sue Hanson

Executive Director-Nixon Housing Authority 01/10/2005

# Nixon Housing Authority

Attachment 13. (Admission Policy for Deconcentration.)

Deconcentration Resolution, #402, , dated 06-28-99,: In its assignment of units, the Authority will to the maximum extent possible, avoid concentration of the most economically and socially deprived families in any one or all of its developments, in a attempt to achieve a broad range of incomes. As required by the Quality Housing and Work Responsibility Act of 1998.

- 1. At least 40% of the families admitted during the fiscal year must not have incomes over 30% of the median income for the area, as defined by HUD.
- 2. In order to prevent or correct concentration of the lowest income families in any one project, the Authority may skip over another family on the waiting list in order to house a family with higher income.

All policies may be viewed at the PHA office.

**Attachment 14. (Operation Budget)** 

The Housing Authority of the City of Nixon has submitted an original copy of the PHA's most recent Operating Budget and Operating Subsidy FYE. Subsidy is approved in the amount of. The entire Budget is available for review at the PHA Office.

The Statement Of Policy Governing Admission To, and Continued Occupancy Of Lower-Income Public Housing Projects Owned and Operated By The Housing Authority Of The City Of Nixon is available for review at the office of the PHA. The Policy was adopted 08-08-88 and has been updated by new resolutions on a regular basis.

## Nixon Housing Authority

Nixon Housing Authority

Attachment 16. (Organizational Chart.)

#### **Commissioners**

T roy L. Gibson, Chairperson Yolanda Messman, Commissioner Benard Yates, Tenant Commissioner

#### **PHA** Personnel

Barbara Sue Hanson, Executive Director

Bettie Jo Caraway, Clerical & Maintenance Ron Messman, Maintenance

### **Authority**

Attachment #17-(Implementation of Community Service Requirements)

The Housing Authority of the City of Nixon has Implemented the Community Service Requirements Resolution # 439. dated November 23, 2003 Updated May 24, 2004.

The tenants of the Nixon Housing Authority are required to complete 8 hrs of Community Service each month. Each person over 18 years of age are required to complete Community Service Requirements. Any person unable to complete must provide documentation that they are exempt.

Each resident is required to sign Community Service Policy at each annual re-examination.

All Policies may be reviewed at the PHA office.

#### **Attachment #18-(Resident Membership on the Governing Board)**

Benard R. Yates, Tenant Commissioner Term: Start August 27, 2004 End August 27, 2005

Appointed by Honorable Mayor Don Chessher

Resident Advisory Board:

A letter was sent to all tanants notifying them of a meeting to discuss the resident participation and the resident advisory aboard. No one came. A letter was sent asking if anyone would be interested in participating. We then asked the Tanant Commissioner and the other Commissioners and Executive Director to select one tenant from each site.

At present time, Patricia O'Keke is the only advisory board member. The other member moved to another town. The H.A. will again address this problem by sending out letters to all tenants and request participation. If no response, the Board, Tenant Commissioner, and the E.D. will select another tenant to be on the resident advisory board.